

## Managing Office Visits

Office visits for CSHCN should be managed differently from visits for typical patients. It is nearly impossible to fit the care of children with multiple severe issues into time slots for standard patients, and doing so is likely to lead to frustration for both providers and parents. Components of a successful system are indicated below.

### Scheduled Visits

- Try to schedule patients during your least busy times - often early in the morning or just after lunch
- If your office has many CSHCN, consider setting aside an afternoon a month where you preferentially see four or five CSHCN while mixing in 10 - 20 of your most predictable brief encounters. Scheduling of this nature is often best done by a single, assigned medical assistant.
- To focus the visit, attempt to address the parent's single most pressing need and what you identify as the patient's most pressing medical need
- Do not try to address all problems in all visits; frustration will result
- Consider scheduling visits more frequently than the Early Periodic Screening Diagnosis and Treatment (EPSDT) guidelines dictate for health care screening and promotion as well as to address separate severe issues in more detail. This is acceptable practice as long as the separate issues are significant enough to warrant an office visit.
- Payment for these visits will depend on the patient's insurance coverage. Fee-for-service arrangements will reimburse, but payment under managed care will vary. Consider negotiating extra visits with the managed care organizations you contract with.
- "Bright Futures for Children with Special Health Care Needs," a guide for physicians, will have more specifics on managing office visits, including condition-specific health supervision, anticipatory guidance, and helpful Web sites

### Urgent Visits

Urgent visits can be more challenging to manage than planned services. The suggestions below can help to organize staff and assist families to best utilize these encounters.

- Ask families to always call before coming to the office and give them the name of a specific nurse to ask for; this facilitates at least the start of the visit
- Help families ahead of time to understand what level of care can be provided in the office vs. the local hospital (office facilities often dictate this, e.g., availability of labs on site)
- Be sure that families are taught to recognize early stages and warning signs of illness and baseline care requirements for technology specific procedures
- Include a list of likely complications, and general approach to the problems, in the patient's chart and in a central location in the practice
- Registration staff should know in advance if children with mobility issues or less obvious triage concerns (e.g., increased risk of infection, behavioral issues) should be ushered directly to a room

Silva TJ, Sofis LA, Palfrey JS, 2000. *Practicing Comprehensive Care: A Physician's Operations Manual for Implementing a Medical Home for Children with Special Needs*. Boston, MA: Institute for Community Inclusion, Boston.